

**10/550514**

**Application Data Sheet**

**JC20 Rec'd PCT/PTO 23 SEP 2009**

**Application Information**

Application Number::

Filing Date::

Application Type::

**US National Phase**

Subject Matter::

**Utility**

Suggested Classification::

Suggested Group Art Unit::

Title::

**STABILIZED SOLID-STATE LASER**

**GYROSCOPE**

Attorney Docket Number::

**4590-443**

Request for Early Publication::

Request for Non-Publication::

Suggested Drawing Figure::

Total Drawing Sheets::

**11**

**Applicant Information**

Applicant Authority Type::

**Inventor**

Primary Citizenship Country::

**France**

Status::

Given Name::

**Sylvain**

Middle Name::

Family Name::

**SCHWARTZ**

Name Suffix::

City of Residence::

**Paris**

State or Province of Residence::

Country of Residence::

**France**

Street of Mailing Address::

**48 rue de la Santé**

City of Mailing Address::

**Paris**

Postal or Zip Code::

**75014**

Applicant Authority Type:: **Inventor**  
Primary Citizenship Country:: **France**  
Status::  
Given Name:: **Gilles**  
Middle Name::  
Family Name:: **FEUGNET**  
Name Suffix::  
City of Residence:: **Les Ulis**  
State or Province of Residence::  
Country of Residence:: **France**  
Street of Mailing Address:: **2 Résidence La Vaucouleur**  
City of Mailing Address:: **Les Ulis**  
Postal or Zip Code:: **91940**

Applicant Authority Type:: **Inventor**  
Primary Citizenship Country:: **France**  
Status::  
Given Name:: **Jean-Paul**  
Middle Name::  
Family Name:: **POCHOLLES**  
Name Suffix::  
City of Residence:: **La Norville**  
State or Province of Residence::  
Country of Residence:: **France**  
Street of Mailing Address:: **1 Allée Victor Hugo**  
City of Mailing Address:: **La Norville**  
Postal or Zip Code:: **91290**

### **Correspondence Information**

Correspondence Customer No:: **33308**  
Phone Number:: **(703) 684-1111**  
Fax Number:: **(703) 518-5499**  
E-Mail Address::

## Representative Information

Representative Customer Number::

**Representative Designation:: Registration Number:: Representative Name::**

*Primary or Associate*

## Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

## Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
<b>FR</b>	<b>03 03645</b>	<b>March 25, 2003</b>	<b>Yes</b>
	<b>PCT/EP/2004/050349</b>	<b>March 23, 2004</b>	<b>Yes</b>

## Assignee Information

Assignee Name:: **THALES**  
Street of Mailing Address:: **45 rue de Villiers**  
City of Mailing Address:: **Neuilly Sur Seine**  
State of Mailing Address::  
Country of Mailing Address:: **France**  
Postal or Zip Code:: **92200**